

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County SchuylerRegistration District No. 806Township PrichardPrimary Registration District No. 1252City Prichard (No. 1252)St. Mo. Ward 1

## 2. FULL NAME

Vernie Margaret Everly(a) Residence, No. 1252St. Mo.Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Oscar Everly

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug. 2 - 1889

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

441019

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Schuyler Co. Mo.

## 13. NAME

Wm Webster

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Schuyler Co. Mo.

## 15. MAIDEN NAME

Mary Masters

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Iowa

## 17. INFORMANT (ADDRESS)

Oscar Everly

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

## 19. UNDERTAKER (ADDRESS)

John A Roberts

## 20. FILED

June 2519 34J. D. Jones

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

June 21, 1934

## 22. HEREBY CERTIFY, That I attended deceased from

June 18 19 34 to June 21 19 34I last saw him alive on June 20 19 34 Death is saidto have occurred on the date stated above, at 46 m.

The principal cause of death and related causes of importance were as follows:

cintriosis of liver

Date of onset

June12above

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. H. Keller M. D.(Address) Lancaster, Mo.

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